

Application Data Sheet

**Application Information**

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Suggested Classification::       |  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                | None   |
| Number of CD disks::             |  |
| Number of Copies of CDs::        |  |
| Sequence Submission?::           | None   |
| Computer Readable Form (CRF)::   | No   |
| Number of copies of CRF::        | 0  |
| Title::                          | FLUID COLLECTION POUCH MADE OF<br>FLEXIBLE PLASTIC MATERIAL FOR<br>SURGICAL DRAPES OR TOWELS |
| Attorney Docket Number::         | 1501-1292  |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | No   |
| Suggested Drawing Figure::       |  |
| Total Drawing Sheets::           | 5  |
| Small Entity?::                  | No   |
| Latin Name::                     |  |
| Variety Denomination Name::      |  |
| Petition Included?::             | No   |
| Petition Type::                  |  |
| Licensed US Gov't Agency::       |  |
| Contract or Grant Numbers::      |  |
| Secrecy Order in Parent Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ANGELICA  
Middle Name::  
Family Name:: MALMBERG  
Name Suffix::  
City of Residence:: KUNGSBACKA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing HAKANSGARDSGATAN 60  
Address::  
City of Mailing Address:: KUNGSBACKA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-434 00

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: KATARINA  
Middle Name::  
Family Name:: LAGER  
Name Suffix::  
City of Residence:: GOTEBORG  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing OVRE BURASLIDEN 9A  
Address::  
City of Mailing Address:: GOTEBORG

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-412 64

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

|                  |                      |                         |                         |
|------------------|----------------------|-------------------------|-------------------------|
| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
| This application | National Stage of    | PCT/SE03/01351          | 9/1/03                  |
|                  |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| SWEDEN    | 0202870-2               | 9/30/02       | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::